

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission  0 1/2020 Ending Date: 05/28/220 *					
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution					
Gandidate Full Name (if applicable)  See Doord  Office Sought and District  (00 Holls St. Croton, MA01450	Committee to Elect Beauty Pine to Select Board  Committee Name  Name of Committee Treasurer  536 Long Ry Rd Groton MA01450					
Residential Address	Committee Mailing Address					
E-mail: Necky & protor@qnailocom  Phone # (optional):	B-mail: 10015 Pantransport at on com Phone # (optional): 978-857-6384					
rione # (opnonal):	Though (opional).					
SUMMARY BALAN	CE INFORMATION:					
Line 1: Ending Balance from previous report	\$636,15					
Line 2: Total receipts this period (page 3, line 11	\$770.00					
Line 3: Subtotal (line 1 plus line 2)	\$1,406.15					
Line 4: Total expenditures this period (page 5, li	ine 14)					
Line 5: Ending Balance (line 3 minus line 4)	\$1,406.15					
Line 6: Total in-kind contributions this period (p	page 6)					
Line 7: Total (all) outstanding liabilities (page 7)	793, 78					
Line 8: Name of bank(s) used: Workers	Credit Union, Grotor, MA01450					
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penaltics of perjury:  Date:  Date:  Out /2000						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)						
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.						
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, Ioans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of perjury:	nts, in-kind contributions and liabilities for this reporting period and represents the					

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address ate Received (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)	
5/13/20	29 Pleasant St Pat Hartnigsen Groton MA	100-		
5/23/20	LizStradian Broton, MA	100-		
5/20/20	Bedry Pive Gratar MA	300 -	Cardidate retired	
5/26/20	Ginny hoslow Groton MA	100 -		
5/10/20	Mary Enry & Grolow MA	100-		
5/20/20	109 Commonst. Grator, M. A. Martha ERick Mehlke-McLure	20-		
5/2 120	Richard & Diare How th	50-		
Line 9: Total Receipts over \$50 (or listed above)  5 67			70000	
Line 10: Total Receipts \$50 and under* (not listed above)			- 70°	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
5/26/20	Grotor Heald	Mainst Gnoton, MA 001450	Ads-	598 <sup>50</sup>
5 la (20	Nailch, mp	www.mailchinp.com		1061
5/20/20	Signson the Cheap	Signsonthecheapicon	Signs	18467
			·	
1 may 1 may 1	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	793 38